

Texas Department of Health

COORDINATED

ASSURANCES AND CERTIFICATIONS

FOR

TITLES V, X, XX , PRIMARY CARE

AND

BREAST AND CERVICAL CANCER CONTROL PROGRAM

CONTINUATION REQUESTS FOR PROPOSALS

FISCAL YEAR 2001

COORDINATED

ASSURANCES AND CERTIFICATIONS

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TEXAS DEPARTMENT OF HEALTH ASSURANCES AND CERTIFICATIONS CHECKLIST

Lega	l Name	e of Applicant:	·	-
INSTI	RUCTIO	PNS:		
This ensu	Checkli e that t	st must be completed and submitted with the original applica he required assurances, certifications, and attachments have	ation(s). It is been submitt	provided t ed.
APPL	ICATIO	N CONTENT	Included	N/A
A.	Adm	inistrative Information (with supplemental documentation)		
B.	Funding from other State agencies form			
C.	C. Other Required Forms and Documentation are attached and signed			
	1.	Child Support Certification completed and signed		
	2.	Nonprofit Board of Directors and Executive Director Assurances Form		
	3.	Are supporting documents from other funding sources included?		

INSTRUCTIONS

The Assurances and Certifications Section must be completed. By consolidating and coordinating this information, you are required to complete the forms only ONCE, even if your agency receives funding from more than one of the following sources.

TITLE V - Fee for Service

TITLE V - Population Based Services

TITLE X - Family Planning

TITLE XX - Family Planning

PHC - Primary Health Care

BCCCP - Breast and Cervical Cancer Control Program

ADMINISTRATIVE INFORMATION

Legal	Name of Applicant:		
INSTI	INSTRUCTIONS: Respond to each question for information or provide the required supplemental document behind th form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.		
Identi	fying Information:		
The a	The applicant must attach the following information:		
	If a Governmental Entity		
	 Names (Last, First, Middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant. 		
	If a Nonprofit or For Profit Corporation		
	 Full names (Last, First, Middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.) Full names (Last, First, Middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation. 		
Confli	ct of Interest and Contract History		
	The applicant must disclose any existing or potential conflicts of interest relative to the performance of the requirements of this RFP. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exits, the applicant may be disqualified from further consideration for the award of a contract.		
1.	Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?		
	☐ YES ☐ NO		
	If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.		
2.	Is applicant or any member of applicant's executive management, project management, board members or principal officers delinquent on any state, federal or other debt or affiliated with an organization which is delinquent on any state, federal, or other debt?		
	☐ YES ☐ NO If YES, please explain. (Attach no more than one additional page.)		

FUNDING INFORMATION FORM

ate of Texas Agency & Program	Funding From Other State of				
Name	Name of Contact Person at State Agency	Telephone No.	Period Funds Available	Funding Related to Project Activity	Total Amount of State Agency Funding
					\$
					\$
				,	\$
		<u>, </u>	1111		\$
		T-11			S
		TOTAL STA	ATE AGENCY FUNDING		\$

Texas Department of Health Child Support Certification*

The Texas Family Code, §231.006, VTCA places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1.	The contracto	or is: (check one)	<u> </u>	An individual or sole proprietor, or A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)
2.	(a) the individ	ual or sole proprie	tor wh	ng is a complete list of the names and social security numbers of either o is the contractor or (b) each partner, shareholder, or owner with an he contractor/business entity: (attach additional sheet if necessary).
	(A)	Printed Name:	k 1	
		Social Security	Numb	er:
	(B)	Printed Name: Social Security	Numb	er:
	named in this acknowledges A child suppo which the oblig with an owners contractor und	contract, bid, or ap that this contract ort obligor who is n gor (who is more the ship interest of at least derstands that it is 30 days delinquer	plication may be nore the nan 30 east 25 the co	on is not ineligible to receive the specified grant, loan, or payment and be terminated and payment withheld if this certification is inaccurate, an 30 days delinquent in paying child support or a business entity in days delinquent) is the sole proprietor, partner, shareholder, or owner 5% is not eligible to receive the specified grant, loan or payment. The intractor's responsibility to verify whether a child support obligor who e sole proprietor, partner, shareholder or owner with an ownership
4.	Printed Name	e of Contractor:		
	Printed Name Signing this (e of Authorized I	Repres	sentative
	Signature of A	Authorized Repr	esenta	ative:
	Date:			
		<u></u>		·····

^{*}For purposes of this form, the word "contractor" is referring to the organization responding to a TDH RFP and the word "contract" should be read as "any proposed contract that results from a TDH RFP."

TEXAS DEPARTMENT OF HEALTH ASSURANCES AND CERTIFICATIONS

Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the awarding Program within TDH.

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

- 1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
- 2. Will honor for 90 days after the application due date the technical and business terms contained in the application;
- 3. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
- 4. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
- 5. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
- 6. Will not require a client to provide or pay for the services of a translator or interpreter;
- 7. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
- 8. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
- 9. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
- Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily

- excluded from covered transactions by any federal department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

11. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization on the FACE PAGE Form) certifies, to the best of his or her knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are included at the end of this application form.

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

12. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

	(Name & Address Of Organization)
The on	e persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances forn behalf of the organization. The undersigned acknowledge and affirm:
A.	That an annual budget has been approved for each contract with TDH.
В.	The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
C.	Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
D.	Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board
E.	That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
F.	Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
G.	The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
Н.	The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
I.	The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
J.	If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division, no later than 45 days after the meeting in which the form was discussed.
K.	If a contract is executed with the Texas Department of Health, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.
*	*
Cha	irman of the Board Signature/Date President or Executive Director Signature/Date
*If t	he signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers

TDH EXECUTIVE ORDER

Order Number:

XO-0110

Subject:

PROTEST OF APPLICATION OR BID DENIAL FOR CLIENT SERVICES CONTRACT

- Purpose. The purpose of this policy is to establish the procedure for dispute resolution for any applicant that has responded to a Texas Department of Health (department) solicitation such as a request for proposal [RFP] or a request for application [RFA] for client services.
- (b) Exceptions. A state statute or rule or a federal statute, regulation or guideline will prevail over the provisions of this policy unless the statute, rule, regulation, or guideline can be read together with the provision or provisions of this policy to give effect to both.
- (c) Definitions.
 - (1) Client services contracts Contracts with a subrecipient to carry out a department program to benefit eligible clients. A listing of TDH programs that have client services contracts is maintained in the Grants Management Division.
 - (2) Contract A legally enforceable agreement by which goods, services, property, or property rights are to be provided in return for consideration.
 - (3) Financial services The department office responsible for the function of assessing provider compliance with the financial requirements under a contract.
 - (4) Representative Person designated by a program or by the appropriate financial services office to negotiate with an applicant to resolve a dispute.
 - (5) Reviewer(s) A person designated by the Associate Commissioner of the Associateship that issued the solicitation, the Associate Commissioner for Human Resources and Support, and the Associate Commissioner for Information Resources and Business Management, or three persons, one appointed by each Associate Commissioner, who review information and reach a decision concerning intended action. Any questions during this process may be directed to the Office of General Counsel.
 - Subrecipient Any person, agency or establishment, government department, or nonprofit organization that receives federal or state assistance to carry out a program through a primary recipient such as a state or local government, or other subrecipient, but does not include an individual that is a beneficiary of such a program. A subrecipient may also be a direct recipient of federal assistance under other agreements or programs. Distinguishing characteristics of a subrecipient include determining eligibility for assistance, measuring performance against meeting the objectives of the program, programmatic decision-making, and conforming with applicable program compliance requirements. Subrecipient is synonymous with subcontractor.
- (d) Request for Review. An applicant may request review of a department action that denies the award of a contract for client services to the applicant.
 - (1) Notice of Dispute.
 - (A) An applicant may dispute the denial by giving notice of the dispute in writing to the addressee to whom the original
 - (B) The department must receive the notice of dispute no later than the close of business three (3) working days after the date the applicant knows or should have known of the action the applicant is disputing.

(C)	The notice is the basis for all further action and should contain the following information:				
	(i)	a copy of the letter from the department notifying the applicant of the action;			
	(ii)	an identification of the issue or issues to be resolved.			
	(iii)	a precise statement of the relevant facts;			
	(iv)	a statement or argument in support of the action or actions requested; and			
	(v)	any documentation of the applicant's position.			
Disput	te Resolution	n Procedures.			
(A)	The repr	esentative will schedule a meeting or conference call to attempt to resolve the issues in dispute.			
(B)		esentative will give written notice of resolution of the dispute to the bureau chief or division director, as			
	арргоргі	ate, of the department office that issued the solicitation.			
(C)	Any reso	plution will be reduced to writing and will be acknowledged by both applicant and representative.			
(D)	If the dis	spute was not resolved, the program representative will notify in writing the other party and the bureau			
	chief or the division director, as appropriate, of the department office that issued the solicitation the				
	has not b	een resolved or that the resolution cannot be satisfactorily reduced to writing.			
	(i)	The bureau chief or division director, as appropriate, of the department office will contact the three			
		associate commissioners, who will appoint a reviewer(s).			
	(ii)	The bureau chief or division director, as appropriate, will forward the applicant's notice and the			
		response of the representative to the reviewer(s).			
	(iii)	If the reviewer(s) determine that additional information is necessary or desirable, the reviewer(s) may			
		permit or require additional information.			
	(iv)	The reviewer(s) may grant, deny, or modify all relief requested in the request for dispute resolution.			
	(v)	The reviewer(s)'s decision will be in writing and will contain a discussion of the reason for the decision and the remedial action, if any.			
		The second secon			

(vi) The reviewer(s) will send copies of the decision to the applicant, the representative, and any other interested parties when the decision has been reduced to writing. The decision may be faxed.

(vii) The decision of the reviewer(s) is final.

ISSUED BY:

(2)

Patti J. Patterson, M.D.

Commissioner of Health

DATE:

June 18, 1997

REVIEW/REVISION DATES: